

Confronting the stark realities of life and obstetrics in Vietnam

In May 2001 the 2nd National Congress of Midwives was held in Ho Chi Minh City, Vietnam. Phan Thi Hanh, President of the Vietnamese Association of Midwives, invited Monika Boenigk to present two papers at the Congress and to visit some of the local maternity hospitals. Here are some of her sobering impressions

Embarking on my trip at Sydney Airport, I find myself wedged in a chaotic queue of Asian travellers waiting impatiently at the Vietnamese Airlines counter to be checked in for a flight home. Their luggage trollies are loaded with oversized suitcases, microwave ovens, portable televisions and boxes of nappies. I cannot help checking young Vietnamese women for the size and shape of their behinds, as it is of interest to me to find out how Vietnamese mothers might sit on the birthing seat which I designed and which I will be demonstrating at the conference. There are lots of gorgeous-looking babies dangling precariously off their parents' hips.

During the flight, which is sweetened by tasty Vietnamese food, I practice getting used to the foreign chit-chat.

Hot, humid crowded

In Ho Chi Minh City, warm humid air that can be cut into slices with a blunt knife, accompanied by grey skies, awaits the arrivals at sunset. There is a near impenetrable wall of short, olive-skinned people waiting to greet their loved ones: it's like wading through dense scrub.

The streetscape is amazing. Hordes of young people and entire families riding on motor scooters, at the same speed and in one direction – like pearls on a string. Pedestrian crossings, street lights and double white lines might as well not be there, as nobody takes any notice.

Every so often, a scooter will try to break the string by cutting diagonally across, or even by weaving its way through hundreds of motorists going in the opposite direction. I stop breathing at the sight of it. Crossing the road is better left for another day. I pass one scooter where dad is driving; behind him sits the daughter, then the son (reading the latest comic magazine), followed by the mother who is holding an umbrella over the lot of them, as the late afternoon monsoon is now pouring down.

The architecture is an interesting mix of remnants of French colonialism, hypermodern buildings and decaying shanties. Interesting photo-material, and it is quite evident that in ten years' time the former Saigon will be 'up there' with the other big, modern cities of the world.

Pre-Nightingale conditions

The next day, I stick my head into a hospital I am passing. This is time warp. Imagine pre-Nightingale days. Hospital beds without any linen, lined up in the large entrance hall. People on rubber mattresses with drips in their arms. There are at least 30 people in white coats and hats (presumably staff) running around but not doing much. The building is falling apart around them. This place has the ambience of one of those mental institutions one sees on TV from time to time: metal gates, small barred

windows, massive concrete walls, doors with bars.

Some visiting midwives and I are being collected this morning for a tour of a local obstetric hospital. First, we are escorted into a room to speak to the female director who is also the obstetrician. She does not speak English, so a paediatrician, also a woman, translates our questions. We ask about practices, outcomes, concerns and statistics – only to find out later from overseas midwives working with aid agencies that the figures quoted were somewhat fabricated, presumably given to keep us happy. For instance, the 15% Caesarian rate is really more like 35–40%.

Then we are shown around. Young girls lined up everywhere in a building just about to collapse around them. Bare floors, bare walls, and totally aged equipment. Raw benches to sit on. Most clients have to stand.

Abortion clinic

This is an abortion clinic, too. Twenty-five per cent of pregnancies are legally terminated (mostly because the fetus is female). Midwives perform the terminations. Doors to the treatment rooms are open, women in white uniforms run around with bloody buckets in their hands, huge syringes resting in them with blood-stained contents, presumably being the just-extracted fetuses and placentae. We see women hanging with their legs in stirrups, semi-sedated, moaning, having their 'aliens' sucked out of them, while lying on rubber mattresses without linen or pillows. In another room, again on beds without linen, several women roll around in post-op pain, all alone.

Then past another room with open door where we are shown that a woman is just being sterilised. Everyone walking past can look into her abdomen, just like that. Not to speak of hygiene . . . I am feeling sick. Apparently, instruments are often used on several women before being cleaned. There are no sheets, no pillows, no personal comfort or reassurance for these young women. It is a clinical, cold atmosphere.

Birthing room

Next, the birthing room. God-awful. Nothing in it but a pre-war hospital bed, folded in half with a rubber sheet dangling from it into a bucket. Stirrups sticking up into the air, waiting for the next pair of bare legs. Small room. No space to move about. Husbands are not allowed. Those poor young mothers are all alone. Staff do not provide labour support. Vaginal examinations are performed at least six times per hour, for 'cervical stretching'. Midwives pump on mother's abdomen to force the baby out.

There are no sinks in the rooms for staff to wash hands. There are no toilets in sight for the mothers. We are told that mothers bring bits of newspaper to clean themselves up and put under

themselves to soak up blood.

The pride and joy of this clinic is an antenatal preparation room where expectant parents are introduced to oversized, internally illuminated display boards on the walls featuring 'carcinoma of the cervix', 'breast cancer' and 'deformed newborns'.

We are later told, by the midwife aid workers, that there are a number of private clinics in the city which are equipped with everything that opens and shuts. This sharp contrast is evident everywhere in the city. Over-the-top modern department stores and skyscraper hotels right next to squalid shops and dwellings.

The Congress

The Congress is indeed attended by many – midwives, obstetricians, policy-makers – but it is fairly taxing. Many boring presentations, running over an hour behind schedule. No break. Everyone tired. Too hot.

Luckily, I was scheduled for 9:30 am, so at 11 am I eventually give my presentation about the benefits of upright positions in labour. Pause for the interpreter after every sentence. Very tiring. People are blown away by the graphic overheads showing natural, dignified childbirth. Silence. You could hear a needle drop. I was thanked lengthily, and called 'Professor Boenigk'. How embarrassing.

At the display stand for my birthing seat, hordes of midwives gather around, giggling, pointing, chit-chatting and giggling some more. Some are game enough to sit on the seats to try them out, much to the amusement of bystanders. Many photos are taken. Brochures and materials are virtually ripped out of my hands. They even try to grab things out of my bags. Several doctors come along, very interested.

Later on, an editor from Vietnamese Women's World Magazine comes and shows me how she wants to have many pictures of mothers on the BirthRite seat for a two-page feature story in her health segment. She wants to introduce what she calls the 'new method' to 45 million Vietnamese women.

The medical director of Tien Giang Hospital comes to the display and asks to buy a birthing seat. I am invited to his hospital in the Mekong Delta, two hours from the city, to personally deliver the seat. He is going to send his driver to pick me up from the hotel at 6 am.

At the end of a long conference day, my waterbirth slideshow is what everyone has patiently been waiting for. Once the lights go out and the slides come on, everyone from the back of the huge room gets up and comes forward, gawking. This must be something they have never seen, dreamed or heard about. The professor/president of the convention thanks 'Professor Boenigk' for an unforgettable experience.

In the evening, a farewell dinner is put on. With a very loud Vietnamese band, nobody can make conversation. I use bits of my serviette to try and plug my ears.

This conference must have cost a fortune, given the economic circumstances of the country, and one can only imagine the effort it would have taken Hanh to pull off such a unique event!

Today, Friday, I get picked up at 6 am sharp by the punctual driver and a young doctor

from Tien Giang Hospital. It is a two-hour drive, first through Ho Chi Minh, then into Western Province, not far from the border with Kampuchea. On the way, we pass decaying French colonialism side by side with Communist-style monster-buildings, next to super-modern mansions, next to palm leaf-roofed shanties.

People do just about everything out on the streets. It's hard to say where everybody lives, as proper houses are few and far between. Not many streets go off the main drag left or right. So where does everybody disappear to at night? Do they sleep in the little open boxes which they use as shops?

I get invited for breakfast in a roadside café. Traditional noodle broth with vegetables and pork. It tastes very nice. Another hour and we arrive in Tien Giang, which is the size of an overgrown country town. This place looks not too bad, everything considered.

Tien Giang Hospital

The Director of the hospital is already waiting. I get treated like royalty. Rarely does anyone come here from overseas, and I get many curious looks. First I get shown the half-clean restrooms, furnished with an array of weathered mops, *to page 32*



Top Family outings like this are common on the streets of Vietnam's towns
Above Monika Boenigk visits a local hospital

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International

from page 31 cleaning gear and a toilet which doesn't flush. There is a bucket of water, which obviously gets used to flush down one's deposits. Then I get ushered into the Director's office for a quick welcome and fresh coconut milk. He takes me to a huge meeting room full of doctors, midwives and nurses. I think there are about 40, but later I am told that there were 200. I can't believe it. They are all sitting there like schoolchildren, in their white coats and funny hats (men, too), waiting for the overseas dignitary to commence her 'interesting talk'. So I give my talk about upright birthing and show the BirthRite video. I don't think any of them has ever seen images like this. Someone translates, but I keep it very simple, so they can all follow me anyway. I think everyone really enjoys this as an interruption to their usual routine.

After the presentation, which has been videoed by some hospital official, many photos are taken of Director, 'dignitary' and birthing seat. Then back to the Director's office for tea. This hospital is in quite nice surrounds, with lush gardens. It is an old, dilapidated French colonial building, so it still has some charm left. It seems clean and tidy – with large high-ceilinged dormitories holding many beds – but it's orderly, and I can see some linen. People on the beds seem OK, looked after by their relatives.

Birthing suite

I am taken to the women's and children's part of the hospital, where I am supposed to demonstrate how to set up the birthing seat. A door is opened into a room which could pass as a very primitive operating theatre or walk-thru room for equipment. There are four pre-war obstetric beds in there, all occupied. Four bare bottoms and vaginas stare at each other and at everyone walking through.



At first I think that all four women must be having some sort of operation. I ask where we will set up the birthing seat and am told: 'Here'. I cannot believe it. There is no room to put anything, and no privacy. The atmosphere is horrible. No shortage of staff dressed in white coats, hats and masks, running in and out. Slowly it dawns on me that this is the birthing suite, and that the women on the beds are either in labour or have had their babies.

Massive episiotomies

All four mothers have 'nurses' with their hands up their vaginas, virtually constantly pulling and tugging on cervix and perineum. Other nurses are scraping out uteruses, dropping the contents into buckets for everyone to see. Still others are suturing massive episiotomies performed on these petite women 'to prevent future prolapse', I am told.

Those mothers who are still labouring are flat on their backs, without even a pillow. Very pale, quietly moaning. Nobody by their side. On oxytocin drips to speed up their labour. They seem somewhat spaced out. I hear they are all having Buscopan added to their drips to speed up dilatation. Someone please pinch me so I wake up.

I ask where the babies are and get told something, but I can't understand. In any case, they are not with their mothers. Staff are running in and out, talking loudly amongst themselves, while these poor mothers have no-one with them, no-one caring for them. They are in pain, frightened, lonely and, at best, somewhat 'obstetrically managed'. Everything that is supposed to be a natural unhurried physiological process is being turned into some obstetric procedure, mainly to speed up the process and

provide the doctor with some more income, as she/he can charge extra (on top of a ridiculously low base wage) for intervention performed. It is abhorrent, yet understandable under the circumstances.

Birthing seat demonstrated

We somehow set up the seat in a corner. Then they point to one of the mothers and say: 'Your patient'. They put a hat on my head, push me into a white nylon coat, and urge me to put on gloves to examine the woman who has just had her vagina pulled and tugged on for five minutes by someone else. They indicate that I should ask the mother to sit on the birthing seat. I ask: "Is she close to birth?" But nobody really tells me anything about her.

Little do I know that the poor woman has been in labour for two days, totally exhausted and earmarked for Caesarian section. I politely decline to do a vaginal but speak to the woman to see if she might be prepared to try the seat. We get her up; the poor thing can hardly walk. She is on a drip, producing massive contractions, one after another. I ask to turn off the drip. Then we fiddle around with the mother on the seat for 20 minutes.

She feels pressure quickly but does not want to push. She says:

"Tired, tired." They keep wanting me to examine the woman. I cannot have the mother walk: there is no room. It is boiling hot and humid. Gowned up in this horrible white polyester coat and with the ridiculous hat on my head, I perspire profusely and feel near fainting. There is no cold water or ice for the mother. I keep getting tangled up in my long silk dress, squatting on the floor beside the birthing seat. The whole exercise is a farce. I feel ridiculous. Vietnam's obstetrics and midwifery will have to come a long way yet before the concept of upright birthing and dignity for the labouring mother will have any meaning.

Later, we try to find baby's heartbeat with the Pinard, but can't locate it. Someone brings in a malfunctioning archaic Doppler which produces nothing but loud crackling. The mother is exhausted and does not understand anything of what is happening to her. I feel awful. Eventually the mother is accompanied back to the 'bed', and a proper monitor attached. There is reactive tachycardia. The head is well down in the pelvis and mother could have pushed the baby out with some assistance.

Obstetric nightmare

The 'Professor' strolls by, looking, pointing at the monitor, examining again, wobbling his head from side to side, and then walks out. I am told that 'Madame' is a difficult case, and that Professor is going to "do operation" (meaning caesarian). This is all wrong. I am still waiting to wake up out of this nightmare. All the while, one of the other mothers (without making as much as a sound) must have had a baby, as I hear a feeble baby's cry from the opposite corner, and then a baby is removed from the room, dangling by its feet at arm's length - to get cleaned up, I guess. At last I can leave, while the poor mother is being prepared for the operation. What on earth is this place going to do with a birthing seat?

Change desperately needed

As a parting gift from the Director of the hospital, I get escorted on a tourist trip by boat to one of the surrounding islands. Three people (a doctor, a midwife and a tour guide) accompany me. This is such a nice gesture, and a nice afternoon. We talk a lot about the hospital situation. It seems to me that my hosts are aware of how bad it is and desperately want it to change. They are yearning for upright positions, involvement of the husbands, less intervention. The thought is there, but the reality is sickening.

Eventually, after many good-byes and "please come back to our hospital and help us improve", I get taken back to Ho Chi Minh in the hospital ambulance. If at any stage the driver wants to get ahead, past the zillions of scooters, he just switches on the siren to try and pass. But nobody really takes notice. For all they know, the patient could be on death's door. Somehow it seems consistent with what I have experienced in the hospitals... little regard for the individual and even less money for even the most basic procedures to be performed with dignity.

Postscript

I met Hanh again at the International Midwives Conference in Vienna in 2002, where she told me that Tien Giang Hospital is using the BirthRite birthing seat often and that they like it very much. She is lobbying the government to obtain more seats.

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The BirthRite experience – a considered position

Monika Boenigk discusses the advantages of upright positions for the progress of labour and birth, which she has explained in detail in a new 55-minute video *The BirthRite Experience*.

Understanding the tremendous physiological benefits of upright positions for the progress of labour and birth, many midwives would like to offer birthing seats to women in their care. However, they often do not feel confident in their use. Others face reservation, even opposition, from doctors or colleagues. The result is that too many women are given but one choice – the obstetric bed – and are deprived of the opportunity to experience upright birthing.

The BirthRite Experience, puts the case for upright birthing in a new light. Using the BirthRite Birthing Seat and Floor Studio as the platform, the video demonstrates in detail the practical aspects of upright birthing, while addressing common obstetric concerns. Midwives, doctors and parents discuss how dignity and empowerment in childbirth can add a richer texture to an often barren obstetric environment, without compromising obstetric safety. Most importantly, women describe how being in the upright position on the seat helps them to cope with the pain of labour.

The video describes a holistic model of midwifery care. It illustrates the creation of an empowering birthing environment and shows midwives how they can readily integrate upright positions, interactive engagement and relaxation into their practice, without compromising obstetric safety. With numerous research findings cited throughout the film, it provides midwives with the reassurance and confidence to advocate upright positions and the use of birthing seats to clients and obstetric practitioners alike.

This presentation will strike a deep chord in couples preparing for childbirth. The simplicity of its dignified approach acts as a motivating force towards their active participation in the birthing process. Midwifery educators will find *The BirthRite Experience* a valuable resource in preparing their students for the new face of midwifery.

The video is available in VHS and DVD formats. The structure of the presentation lends itself to focussed consideration of individual topics, a feature particularly useful in teaching sessions and antenatal classes. However, it is strongly recommended that the film be seen in its entirety in the first instance, in order to understand fully the importance of integrating all the components of its innovative approach.

The BirthRite Experience is available from
BirthRite
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tel +61 2 4958 3345
Details are also available at www.birthrite.com.au

ABOUT THE PRODUCERS

The producer and director of the film, Monika Boenigk, has worked in hospitals and private midwifery practice in Europe and Australia for some 20 years. She is a passionate advocate of active, upright birthing and holistic midwifery care. Following her invention of a modern birthing seat, she founded BirthRite to improve childbirth-related experiences for couples and their carers. BirthRite promotes a well-considered, dignified approach to childbirth with practical solutions having worldwide applicability.

Co-producer, Dr Adrian Ryan, is a medical doctor with a background in pure mathematics and philosophy. He finds the simplicity and elegance of BirthRite's integrated approach to childbirth intellectually appealing and sees adoption of the paradigm it entails as offering a breath of fresh air that doctors and midwives will appreciate in these litigious times. Dr Ryan now acts as a consultant for BirthRite.

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